Community Services and Environment Scrutiny and Performance Panel

Agenda Item No. 6

14 January 2014

Black Country Coroner Services

Ward(s) All

Portfolio: Cllr A Harris – Leisure and Culture

Executive Summary:

Walsall's part-time Coroner functions were merged in 2004 to form the Black Country Coroner Service as a shared service between Walsall, Dudley and Sandwell. This jurisdiction was formally enlarged in 2012, by agreement with all authorities, to include Wolverhampton following the retirement of the part-time Coroner of that district.

Since the jurisdiction was enlarged to include Wolverhampton, it can be reported that the level of service received by Walsall residents has been maintained.

Reason for scrutiny:

The Coroner Service has been identified as part of the Panel work plan for 2013/14.

Recommendations:

That, subject to any comments Members may wish to make, the report be noted.

Background papers:

None.

Resource and legal considerations:

None directly from this report.

Citizen impact:

All members of the public may at some time engage with the Coroner Service.

Environmental impact:

None.

None as a result of this report.
Equality Implications:
None required.
Consultation:

Contact Officer:

None required.

Performance management:

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1. Report

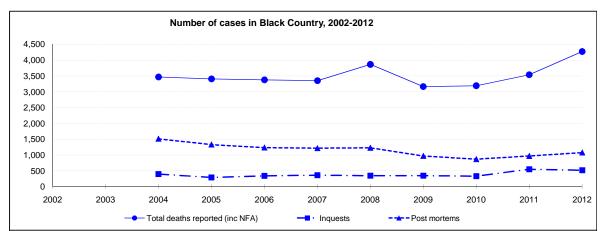
- 1.1. The office of the Black Country Coroner now covers approximately one million people in line with Government expectations for full-time Coroner Areas to improve the standards and consistency in the delivery of the Coroner Service in England and Wales.
- 1.2. The Government continues to be committed to move to a national position of full time Coroners and therefore the population size of jurisdictions needs to be at a justifiable level. The Black Country Coroner arrangement meets this.
- 1.3. At the Scrutiny Panel meeting on 3rd June 2013, members voiced concern that amongst the Muslim community there were delays with the release of bodies following referral of death to the Coroner. The Panel was informed that the Council is aware of the issues and discussions were due to take place.
- 1.4. It is outside the Council's control to influence the judicial decision making process of the Coroner when investigating deaths referred to him. This includes a potential post mortem. Judicial policy, procedures and performance of HM Coroner is the responsibility of the Chief Coroner for England and Wales.
- 1.5. From publicly available statistics for 2012 published nationally by the Ministry of Justice, during the calendar year 2012 there were 10,600 deaths registered in the Black Country jurisdiction of which 4,271 were referred to the Coroner (see table appended). Of these cases 1,078 (10% of registered deaths) required a post mortem in the Coroner's opinion. Nationally the percentage is 19% of registered deaths requiring post mortem examination. The consequence of this is a comparatively lower expenditure by the Black Country authorities for the pathology facilities used by the Coroner.
- 1.6. All four authorities have a requirement for particular expedience for funeral arrangements due to cultural or religious reasons and there is no evidence that this has been unduly compromised under the arrangement. In fact the Coroner has indicated that he is totally unaware of any general problem. If Members have any specific details then they may wish to advise officers so that these individual cases may be investigated.
- 1.7. The Portfolio Holder, Councillor Harris, and two other Cabinet members, Councillor Arif, Environment, and Councillor Ali, Public Health and Protection, met with the Coroner on 8th May 2013 to discuss some local Walsall issues. At the meeting the Coroner gave the necessary assurances that he did indeed provide the same level of service for Walsall as the rest of the Black Country.
- 1.8. It was also noted by Scrutiny Panel members at the meeting on 3rd June 2013 that the Coroner had previously stated that he was receiving reduced support from the Police. Subsequently the West Midlands Police has proposed a transfer of Coroner officer posts to the Local Authorities which they currently employ to support the Coroner with his investigative work. A discussion between the Police and Black Country Authorities is currently on-going as to whether this can be facilitated and funded.

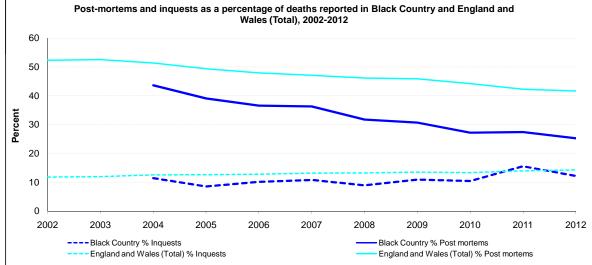
Coroners Statistical Tool 2012 Appendix

Headlines - inquests and PMs

	Black Country						
	Total deaths reported (inc NFA)	Inquests	Post mortems	% Inquests	% Post mortems		
2002	#N/A	#N/A	#N/A	#N/A	#N/A		
2003	#N/A	#N/A	#N/A	#N/A	#N/A		
2004	3,468	395	1,513	11	44		
2005	3,407	290	1,331	9	39		
2006	3,378	342	1,236	10	37		
2007	3,351	361	1,216	11	36		
2008	3,866	344	1,227	9	32		
2009	3,166	345	972	11	31		
2010	3,192	332	868	10	27		
2011	3,538	549	970	16	27		
2012	4,271	520	1,078	12	25		

	England and Wales (Total)						
	Total deaths reported (inc NFA)	Inquests	Post mortems	% Inquests	% Post mortems		
2002	224,999	26,430	117,684	12	52		
2003	227,790	27,113	119,610	12	53		
2004	225,511	28,274	115,773	13	51		
2005	232,401	29,271	114,620	13	49		
2006	230,007	29,327	110,224	13	48		
2007	234,458	30,841	110,360	13	47		
2008	234,784	30,999	108,360	13	46		
2009	229,883	30,977	105,354	13	46		
2010	230,595	30,788	101,943	13	44		
2011	222,371	30,981	93,954	14	42		
2012	227,721	32,542	94,814	14	42		





Inquests opened	2007	2008	2009	2010	2011	2012
% of deaths reported Black Country	11%	9%	11%	10%	16%	12%
% deaths reported England and Wales (Total)	13%	13%	13%	13%	14%	14%
Difference (+/-)	-2%	-4%	-3%	-3%	2%	-2%

Post-mortems	2007	2008	2009	2010	2011	2012
% of deaths reported Black Country	36%	32%	31%	27%	27%	25%
% deaths reported England and Wales (Total)	47%	46%	46%	44%	42%	42%
Difference (+/-)	-11%	-14%	-15%	-17%	-15%	-16%